

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Ka/le		06/29/01
O.I.P.E. CLASSIFIER	DR	32	6/2
FORMALITY REVIEW	TM	1041	6/16/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

Rejected N .....  
 Allowed I .....  
 Canceled A .....  
 Restricted O .....  
 (Through numeral) ...

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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